

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37457

1. Entity Name

STEINHATCHEE RIVER ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 021 ****61.25

Principal Place of Business

Mailing Address

1200 RIVERSIDE DR
P. O. BOX 399
STEINHATCHEE FL 32359
US

P O BOX 399
P. O. BOX 399
STEINHATCHEE FL 32359-0399
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3067553

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, EDWARD J.
ED JAMES ROAD
STEINHATCHEE FL 32359

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	FLEMING, DENVER	
STREET ADDRESS	108 8TH AVE	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, DAVID	
STREET ADDRESS	1200 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOSTER, JIM	
STREET ADDRESS	913 CENTRAL AVE	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PACE, JOHN	
STREET ADDRESS	322 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKE, PAT	
STREET ADDRESS	810 HWY 51	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CURTIS, SUSAN	
STREET ADDRESS	1200 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENVER FLEMING	
STREET ADDRESS	108 8TH AV	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID CURTIS	
STREET ADDRESS	1200 RIVERSIDE DR	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM FOSTER	
STREET ADDRESS	913 CENTRAL AVE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Curtis* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

352-498-7159

Daytime Phone #

CR2E037 (9/99)